

## DRINKING WATER ANALYSIS REPORTING FORM UV DISINFECTION and FILTER VERIFICATION

\*\* For systems using UV and Bag/Cartridge filters for log credit for Cryptosporidium\*\*

## \*\*\* PUBLIC WATER SYSTEM INFORMATION \*\*\* >>> TO BE FILLED OUT BY SYSTEM PERSONNEL <<<<

PWS ID Number		PWS Name	]
REPORTING PERIOD  Month [] Year []  Cowner/Contact Email Address		Owner/Contact Person  Owner/Contact Phone Number	
SAMPLE COLLECTION POIN Treatment Plant Number [	]	Was the Plant in Operation this n	nonth? ☐ YES ☐ NO
	ater that was not treated base	ed on approved validation requirements. F the UV reactor. If none occurred, enter "r	
Date/Time of Occurrence	Log Removal Credit achie under 40 CFR 141.720 (d		Volume of water not treated (MG)
	A. T	otal Monthly Volume Not Treated	
B. Total monthly volume produ  C. The Ratio of water treated of	, ,	d: ( B A	= []
***V	ERIFICATION OF 100 % F	ILTRATION OF PLANT FLOW ***	
Verify that 100% of plant flow was a 100% of treatment plant flow 100% of treatment plant flow	was filtered using the bag		141.721 (f)(9).
I hereby certify that the information Authorized Signature [	·	t is accurate and correct to the best o	

DWAR 20UVBC: Revised 10/2021 Submit completed form to:

**EMAIL**: WQD Compliance Data@azdeq.gov -or- MAIL: ADEQ Water Quality Compliance Data Unit (MC 5415B-1), For questions, go to: azdeq.gov/DWComplianceAssistance 1110 W. Washington St., Phoenix, AZ 85007.